

471-000-536 Nebraska Medicaid Hospice Fee Schedule: The following fee schedule reflects Nebraska Medicaid payment rates for Hospice services provided October 1, 2016 through September 30, 2017.

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2016 through September 30, 2017, which reflect local differences in wages and are based on the Core Based Statistical Areas (CBSA) code associated with each geographic area. The CBSA codes and the Hospice Wage Index weights may be found on the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/Center/Provider-Type/Hospice-Center.html>

The Centers for Medicare and Medicaid Services (CMS) has issued a final rule that changes the payment methodology for hospice routine home care. This will result in the following changes: A higher base payment rate for the first sixty (60) days of hospice care and a reduced base payment rate for days thereafter.

Please note: Due to system limitation, providers must submit charges for Hospice Routine Home Care services provided on day **61 and thereafter** using the following rates:

CBSA 30700 T2042: \$145.58 x (number of days) = amount to be submitted

CBSA 24260 T2042: \$136.87 x (number of days) = amount to be submitted

CBSA 36540 T2042: \$145.63 x (number of days) = amount to be submitted

CBSA 43580 T2042: \$135.80 x (number of days) = amount to be submitted

CBSA 99928 T2042: \$134.04 x (number of days) = amount to be submitted

For example: Hospice Routine Home Care service provided from day 61 to day 90: A provider in CBSA 30700 will bill \$145.58 (T2042) x 30 = **\$4367.40**

CBSA
30700

Lincoln, NE

Hospice Wage Index
0.9571

Code
T2042
T2043
T2044
T2045

Description
Hospice Routine Home Care
Hospice Continuous Care
Hospice Inpatient Respite Care
Hospice General Inpatient Care

Medicaid Allowable Rate
\$185.17 per Diem
\$ 39.02 per Hour
\$175.79 per Diem
\$714.75 per Diem

Providers may notice a minor difference in the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

CBSA
24260

Grand Island, NE

Hospice Wage Index
0.8726

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$174.09 per Diem
T2043	Hospice Continuous Care	\$ 36.68 per Hour
T2044	Hospice Inpatient Respite Care	\$167.55 per Diem
T2045	Hospice General Inpatient Care	\$675.00 per Diem

CBSA
36540

Omaha, Council Bluffs, NE-IA

Hospice Wage Index
0.9576

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$185.24per Diem
T2043	Hospice Continuous Care	\$ 39.03 per hour
T2044	Hospice Inpatient Respite Care	\$175.83 per Diem
T2045	Hospice General Inpatient Care	\$714.99 per Diem

CBSA
43580

Sioux City, IA-NE-SD

Hospice Wage Index
0.8622

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$172.73 per Diem
T2043	Hospice Continuous Care	\$ 36.40 per Hour
T2044	Hospice Inpatient Respite Care	\$166.54 per Diem
T2045	Hospice General Inpatient Care	\$670.09 per Diem

CBSA
99928

Nebraska – Rest of State

Hospice Wage Index
0.8451

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$170.49 per Diem
T2043	Hospice Continuous Care	\$ 35.93 per Hour
T2044	Hospice Inpatient Respite Care	\$164.87 per Diem
T2045	Hospice General Inpatient Care	\$662.06 per Diem

Providers may notice a minor difference in the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.